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| **GET Grant Application Form***(Office use) Grant Application Number*: **GA25/…** |

# **Please complete the form, including:**

* CVs - main applicant and other applicants (if applicable)
* Flowcharts and/or other relevant outlines of the proposed project
* Ethical approval evidence (or evidence that this is not needed)
* A signature, date and agreement to all GET terms and conditions

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| **Details of main applicant** |
| Name of Applicant: |  |
| Job Title: |  |
| Employment address: |  |
|  |
| Telephone: |  |
| Email and website:  |  |
| BDA Member No:  |  |
| **Second and/or other applicants** |
| Name (s) |  |
| Position/Job role: |  |
| Employer: |  |
| Email(s): |  |
| BDA Member No: |  |
| **Qualifications and professional membership:** |
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| **Title of proposed project:** |
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| **Summary of what grant is for** *(in no more than 150 words)* |
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| **Proposed start date of project:** |  |
| **Prorposed duration of work:** |  |
| **Total amount requested** | **£** |
| **Aims and objectives of the project:** |
| Please state the aims and objectives of what you hope to achieve with this grant. |
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| Please specify how the aims and objectives of the project will benefit (actually and/or potentially) ‘the science and practice of dietetics’  |
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| **Full description of project:**  |
| Please provide a full description of how you will use the grant including; some background information, a flow chart outlining the key milestones and events within the project, along with the timings. (links to other files and references to other attachments are fine). If the project is to run for more than 1 year you will need to specify the cost assumptions you are making (e.g. ‘at 2025 prices’ or ‘assuming 5% inflation per annum’, etc) Applications for salaries must include a copy of a job description, the relevant pay scale and person specification for each post. |
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| Have you made an application to any other organisation for the funding of this project? (if so please provide details). |
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| **Monitoring arrangements** |
| Please explain how you propose to monitor and evaluate the project, setting out the criteria you propose to use for assessing it’s effectiveness and attaining its aims and objectives.  |
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| **Ethical approval** |
| Is ethical approval required for this project? |
| Yes | No |
| If yes, please confirm which body will require ethical approval and provide evidence of this.*(please note that we cannot fully process your application until this is provided)* |
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| If no, please check by using the NHS [Health Research Authority decision tool](https://www.hra-decisiontools.org.uk/ethics/). [*hra-decisiontools.org.uk/ethics/*](https://www.hra-decisiontools.org.uk/ethics/) |
| *If unsure, information is available on the NHS Health Research Authority website:*: <https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/> |
| **Plans for dissemination** |
| Please explain how you intend to feed project outputs back into dietetics. The Trustees will require outcomes to be disseminated in a way which benefits the practice of dietetics as widely as possible. This may be through direct distribution to the profession or to be submitted to a peer reviewed journal such as the Journal of Human Nutrition and Dietetics. Other publications will be considered if submission to a peer reviewed journal is not appropriate. It should also feed into profession-wide tools such as PEN. |
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| **EDI**  |
| The BDA is committed to demonstrating continuous improvement in the areas of Equality, Diversity and Inclusion (EDI). Please explain how you have considered and created adaptions for EDI in relation to this project.  |
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| **Climate change** |
| The BDA is committed to reducing negative impact upon the climate and working towards being net zero Please explain considerations and adapations you have made in this area. |
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| **Agreement of terms** *(please add a tick or a yes to show you agree to each term)* |
| I have read the terms and conditions (available on the BDA website) and if my application is successful, I agree to abide by them. I shall be actively engaged in, or responsible for the project. |  |
| If at any time the project does not look as if it will be achieving the completion date, I understand that it is my responsibility to inform the British Dietetic Association and advise of the new completion date. |  |
| I understand that if the funding from the Trustees is not used within the agreed timeframe, then it may be withdrawn. |  |
| I undertake to submit regular progress reports and inform the trustees of delays which may affect the funding stream. |  |
| I agree to complete 6-monthly reporting forms and/or project completion form and submit to get@bda.uk.com on request. |  |
| I agree to work with the GET team to help promote, support and raise awareness of the Trust and to reference the source of the grant when appropriate, within the project lifecycle. |  |
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| **Signed by (full name)** |  |
| **Signature:**  |  |
| **Date:**  |  |
| Submit this completed form, along with the CV of the main applicant and any other supporting documentation to:get@bda.uk.com  |

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| **Schedule A** |
| **Sponsoring organisation**  |
| Description of sponsoring organisation |
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| **Signature on behalf of the organisation** -*(Finance director, Administrator, Bursor or Head of Department)* |
| Name  |  |
| Job Title: |  |
| Employment address: |  |
|  |
| Telephone: |  |
| Email :  |  |
| **Officer responsible for administration of the grant, if approved** *(if different from above)* |
| Name  |  |
| Job Title: |  |
| Employment address: |  |
|  |
| Telephone: |  |
| Email :  |  |